

<p style="text-align: center;">UTILITY PATENT APPLICATION TRANSMITTAL</p> <p>(Only for new non-provisional applications under 37 CFR 153(b))</p>	Attorney Docket Number:	TRNR010US0
	First Named Inventor or Application Identifier: Terry R. Turner	
	Title: Transducer Package for Process Control	
	Express Mail Label No.: EL 978212152 US	
<p style="text-align: center;">APPLICATION ELEMENTS</p> <p>See MPEP chapter 600 concerning utility patent application contents.</p>	<p>ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	

17497 U.S. PTO
10/668398
09/23/03

ACCOMPANYING APPLICATION PARTS

- | | |
|--|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (submitted in duplicate)</p> <p>2. <input checked="" type="checkbox"/> Applicant Claims Small Entity Status</p> <p>3. <input checked="" type="checkbox"/> Specification: Total Pages: <u>28</u></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113): Total Sheets: <u>12</u></p> <p>5. <input type="checkbox"/> Oath or Declaration: Total pages: _____</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> <u>Deletion of Inventor(s)</u>. Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> | <p>8. <input type="checkbox"/> Assignment papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> CFR 3.73(b) Statement (when there is an assignee)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement. (IDS)/PTO-1449.</p> <p style="margin-left: 40px;"><input type="checkbox"/> Copies of IDS citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard. (MPEP 503) (should be specifically itemized.)</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed.)</p> <p>15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Must attach form PTO/SB/35 or its equivalent.</p> <p>16. <input type="checkbox"/> Credit Card Authorization for Payment</p> |
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17. **If a Continuing Application:** (check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part of prior application No. _____

Prior application Information: Examiner _____ Group/Art Unit _____

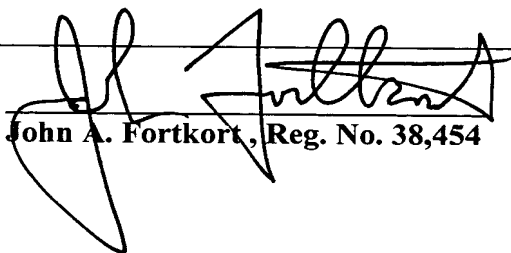
For Continuation or Divisional only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

Correspondence Address:

37,141 Customer Number or Bar Code Label:

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John A. Fortkort, Reg. No. 38,454

Date

9-23-03

02570 U.S. PTO
09/23/03

<u>FEE TRANSMITTAL</u> (Submit in Duplicate)	Application Title:	Transducer Package for Process Control
	First Named Inventor:	Terry R. Turner
	Attorney Docket No:	TRNR010US0

METHOD OF PAYMENT

1. *Deposit Account Authorization*

- a. XXX The Commissioner is hereby authorized to charge the filing fee and any deficiencies and credit any overpayments to:
- i. Deposit Account Number: 50-2726
 - ii. Deposit Account Name: Hulsey & Calkins, LLP
- b. XXX The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17.
- c. XXX Applicant Claims Small Entity Status.

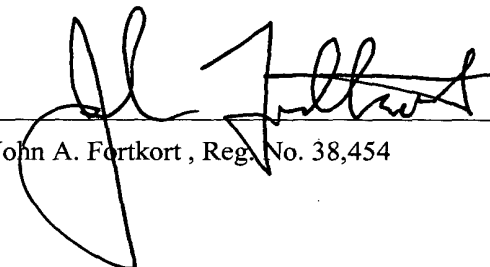
2. *Payment Enclosed*

- a. XXX Check
- b. ☐ Credit Card
- c. ☐ Money Order
- d. ☐ Other

FEE CALCULATION

Filing Fee Calculation					
Entity	Basic Filing Fee	Each Independent Claim in Excess of 3	Each Claim in Excess of 20	Multiple Dependent Claim Fee	Total
Small	\$375	10 x \$ 42 = 420	32 x \$9 = 288	0 x \$140 = 0.00	\$1,083
Other	\$750	_____ x \$84 = _____	_____ x \$18 = _____	_____ x \$280 = _____	

XXX Total Filing Fee: \$1,083 _____
 _____ Assignment Recording Fee \$ _____
 _____ Other Fee Payment \$ _____


 John A. Fortkort, Reg. No. 38,454